

# Week Ending: February 11, 2017

# **Disease Surveillance & Risk Report**

No Report No Activity Sporadic Local Regional Widespread Severe

**DEFINTION** of Influenza-like or Flu-Like Illness: (ILI):

1) Fever > 100°F measured with a thermometer AND (2) Cough AND/OR sore throat in the absence of a known cause other than influenza

## **Madison County Flu Activity**

# Flu Activity for the week 6, ending 2/11/17:

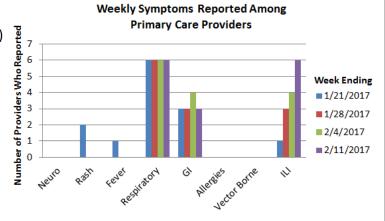
# Widespread (increasing)

- <u>Lab-confirmed flu</u>: 49 laboratory confirmed flu (43 flu Type A and 6 flu Type B) were reported. The season total to date of reported flu cases is: 127.
- <u>Schools Districts\*</u>: 0.8% of children seen by school nurses appeared with symptoms of influenza-like illness; a slight increase from 0.5% in week 5.
- College Health Centers\*: ILI and flu were reported
- Primary Care Providers\*: ILI and flu were reported
- New York State Hospital Report (HERDS): One flurelated hospitalization reported by hospitals in Madison County for week 6. A total of 13 flurelated hospitalizations have been reported this season to date in Madison County.

# **Madison County Disease Surveillance Updates**

#### Reports for the week ending 2/11/17:

- <u>Communicable Diseases Reported to the Health Department</u>: 4 Chlamydia, 1 Campylobacter, 1 Gonorrhea, 1 Strep Group B, 1 Lyme disease, and 1 Syphilis
- <u>Primary Care Providers Reported\*:</u> Upper respiratory infections (URI), flu, ILI, respiratory infections, sinus infections (sinusitis), gastrointestinal illness (GI), strep throat, and pneumonia
- College Health Centers\*:
   Respiratory illness, ILI, flu, URI and sexually transmitted infections (STDs)
- <u>Schools Districts\*:</u> Nausea, vomiting, strep throat, GI, colds, pneumonia, fevers, and diarrhea
- Hospital Weekly Surveillance\*: Flu, URI, ILI, GI, strep throat, respiratory illness, and respiratory syncytial virus (RSV)
- Syndromic Surveillance in Emergency Departments: No reports



Medicaid Over-the-Counter (OTC) & Script Medication Alerts—1/20/17 to 1/29/17: Mild to moderate sensitivity for 3rd & 4th Generation Cephalosporins and Penicillinase-Resistant antibiotics

<sup>\*</sup>Information denoted with an asterisk is subjective and provided on a voluntary basis.

<sup>\*\*</sup>Neurologic can include non-specific diagnosis of neurological infection (e.g. Meningitis, Encephalitis, etc.) or non-specific conditions (e.g. headache, numbness, dizziness, blurry/double vision, speech difficulty, confusion, disorientation, or anxiety)

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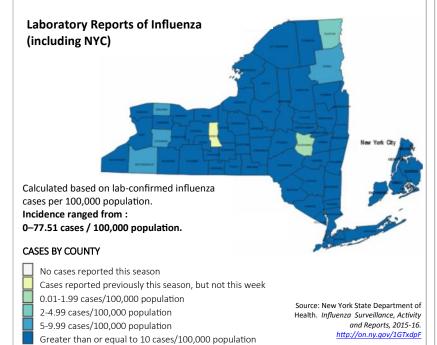
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### **New York State Flu Activity**

#### Flu Activity for the week ending 2/4/17: Widespread

- <u>Lab-Confirmed Flu:</u> 5,337reports, a 2% increase over last week. Flu was reported in 61 counties and the incidence (or number of new labconfirmed flu cases) ranged from: 0–149.28 cases / 100,000 population.
- <u>Flu-Related Hospitalizations:</u> 913 reports, an 8% *decrease* over last week.
- A select group of providers across the state (outside of NYC) reported
  the percentage of office visits due to complaints of flu-like illness (ILI)
  was 10.77%; this is an increase from last week and is above the regional
  baseline of 3.0%.
- <u>Flu-Associated Pediatric Deaths:</u> One report this week. There have been five flu-associated deaths this season to date.



# **United States Flu Activity**

### Flu Activity for the week ending 2/4/17 (week 5): Widespread

Flu activity *continued to increase* in the U.S.

Geographic Flu Activity Summary (Fig. 1):

- Widespread influenza activity was reported by Puerto Rico and 43 states
- Regional influenza activity was reported by Guam and six states
- Local influenza activity was reported by the District of Columbia and one state
- No influenza activity was reported by the U.S. Virgin Islands.

#### **Surveillance Summary:**

- NYC and 23 states experienced high ILI activity; 10 states experienced moderate ILI activity; Puerto Rico and eight states experienced low ILI activity; Nine states experienced minimal ILI activity (Fig 2).
- Based on pneumonia and influenza (P&I) mortality data, 7.9% of deaths during the week ending 1/21/17 were due to P&I.
- A cumulative rate for the season of 24.3 lab-confirmed flu-associated hospitalizations per 100,000 population was reported. 93.6% were associated with type flu A virus infection.
- Outpatient illness visits reported through the U.S. ILI Network was 4.8%, this is *above* the national baseline of 2.2%. All 10 U.S. regions reported ILI *at or above* their region-specific baselines.
- Five flu-associated pediatric deaths were reported. To date, 20 deaths have been reported for the 2016-17 flu season.

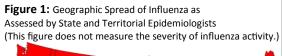
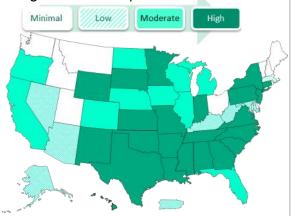




Figure. 2: ILI Activity from ILINet Data



ILI Net Data based on percent of outpatient visits in states due to ILI, more on Fig. 2 at: <a href="http://1.usa.gov/1d3PGtv">http://1.usa.gov/1d3PGtv</a>

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Sources: FluView: Weekly U.S. Influenza and Surveillance Report. Centers for Disease